

Registration District No. 486Primary Registration District No. 5649Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Lincoln
 (b) City or town Rural Huron
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- 1
- (Specify whether

In this community all life
years, months or days)3. (a) PRINT FULL NAME Nancy Catherine Suddarth

8. (b) If veteran,
- Nancy Catherine Suddarth
-
- NAME WAR No.

4. Sex
- female
5. Color or race
- white
6. (a) Single, widowed, married, divorced
- 2

6. (b) Name of husband or wife
- Albert Suddarth
6. (c) Age of husband or wife if alive
- ✓
- years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years
- 79
- Months
- 5
- Days
- 29
- If less than one day hr. min.

9. Birthplace
- ✓
- (City, town, or county)
- mo
- (State or foreign country)

10. Usual occupation
- retired, homemaker

11. Industry or business

12. Name Henry Benear
 13. Birthplace va (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Watts
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Mrs Everett Suddarth
-
- (b) Address
- Elberry, Mo.

17. (a)
- Burial
- (Burial, cremation, or removal) (b) Date thereof
- 1-5-1941
- (Month) (Day) (Year)

- (c) Place: burial or cremation
- New Hope Cemetery

18. (a) Signature of funeral director
- Clifton Miller

- (b) Address
- Elberry, Missouri

19. (a)
- Jan 6-41
- (Date received local registrar) (b)
- Donald D. Powell
- (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Lincoln
 (c) City or town Rural Elberry
 (If outside city or town limits, write "RURAL")
 (d) Street No. RFD (If rural, give location)
 (e) If foreign born, how long in U. S. A? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Jan
- day
- 4
-
- year
- 1941
- hour
- 4
- minute
- 45
- A. M.

21. I hereby certify that I attended the deceased from
- 5-14
-
- 19
- 38
- , to
- 12-30
- , 19
- 40
-
- that I last saw her alive on
- 12-30
- , 19
- 40
-
- and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy DurationDue to HypertensionDue to 10/16Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 437

While at work? (Specify type of place) (e) Means of injury DO

23. Signature
- W. H. Callaway
- (M. D. or other)
- DO
-
- Address
- Elberry, Mo
- Date signed
- 1-4-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Jan 7th 1941, Registered Apprentice No. _____
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elaberry, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3235

Registration District No. 486

Primary Registration District No. 5649

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Linn
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

Nancy Catherine Sudderth

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex 7

5. Color or
race W

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ year

7. Birth date of deceased 8
(Month)

21 1869
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

79

5

29

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) _____
(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____
(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH

Month Jan day 4
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from

_____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(c) Means of injury

23. Signature G. H. Callaway (M. D. or other)
Address Elstberry road Date signed _____

SUPPLEMENTAL

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

